	Connecticut D	epartment of	Public He	ealth	Drin	kin	g W	ater	Se	ction		
		Quality Monit					_					
PWS ID	PWS Name	gadiley 1410111e	oring ana				_			ner Type	Primai	rv Source
CT045003	4 GIRL SCOUTS OF CT - C	AMP PATTAGANSETT	1		N		-	25		Р		GW
Local Addı	ress (where applicable)		Service F	Resident	tial Co	mmerc	cial I	ndustria	al	Combine	d Ag	ricultural
	R-PATTAGANSETT ROAD		Connections			1						
Towns Ser	ved: EAST LYME											
		Monito	oring Requi	reme	nts							
Water Sy	stem Facility: DISTRIBUTI	ON SYSTEM (WSF II	D: 00600)									
Total Co	liform (3100)							1	rou	tine (RT)	per o	quarter
Samp	oling Point (Sampling Point ID)	M	lonitorii	ng Perio	od (Collec	tion Per	riod	Comp	liance	Status
Selec	t from Inventory of Active San	npling Points	10)/1/18 -	12/31/	18				C	omple	ete
			1	L/1/19 -	3/31/1	9				C	omple	ete
			4	l/1/19 -	6/30/1	9						
			7	7/1/19 -	9/30/1	9						
_	Parameters (PPS)									tine (RT)	-	•
•	oling Point (Sampling Point ID	•		lonitorii			Collec	tion Per	riod			Status
Selec	t from Inventory of Active San	npling Points)/1/18 -							omple	
				L/1/19 -						C	omple	ete
				1/1/19 -								
		·= (7	7/1/19 -	9/30/1	9						
	stem Facility: ENTRY POIN	NT (WSF ID: 00700)										
	And Nitrite (NOX)						- "			routine (-
	oling Point (Sampling Point ID)		lonitorii			Collec	tion Per	riod			Status
ENTR	RY POINT (3)			/1/18 - :						C	omple	ete
				/1/19 - :								
			-	/1/20 - :								
	Wat	er System Facili	ty and Sam	pling	Point	t Inve	ento	ry				
Water							Total	Lead				
System	Water System Facility	Sampling Point ID					liform			Achosto	. 14/0	Stage
Facility ID			Description	CVCTENA	Sta	tus	Rule	Kuie	Her	ASDESIO	vvQ	P 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION				Y					
		BH66086	TROOP HOUSE	KIICHEI			Y					
		BJ12673	SHADY SIDE	_	A		Y					
		BK08994	RANGER HOUSE				Υ					
00700	ENTRY DOINT	UPSTREAM	WITHIN 5 SERV	ICE CON								
00700	ENTRY POINT	3	ENTRY POINT		P							
20839	WELL	2	WELL		A	١						
		Con	tact Inform	ation								
Name		Or	rganization							Job Title		
Ms. Miche	ele Velez	Gi	rl Scouts of Conr	necticut			Dii	r. Prope	rty S	Svcs.		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

City

North Haven

mvelez@gsofct.org

Emergency Phone Email Address

800-922-2770

State

 CT

Zip Code

06473

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

3329

Contact Role(s): Administrative Contact

Fax

203-239-7220

20 Washington Avenue

Business Phone

203-239-2922

(Lonnectici	it Depa	rtment (of Public	Health	Drir	ıkıng	g Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0450034	GIRL SCOUTS OF	CT - CAMP	PATTAGANSE	TT 1		N	IC	25	Р	GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultura
121 UPPER-PATTA	AGANSETT ROAD			Connection	ıs		1			
Towns Served: EA	AST LYME					·		·	·	
Name				Organization					Job Titl	e
Girl Scouts of Am	erica, Inc.									
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
340 Washington S	Street						Hartfo	rd	СТ	06106
Business Phone	Extension	Fax	Мо	obile Phone	Emergency	/ Phone	Email A	Address	·	
860-522-0163										
Contact Role(s):	Legal Contact. O	wner							·	

CD Lite Health Detail to Manage

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	WS ID PWS Name Classification Population Owner Type Primary Source											
CT0450044	GIRL SCOUTS OF CT - CAMP PATTAGANSETT			NC 25		Р	GW					
Local Address (\	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural				
121 UPPER PAT	TAGANSETT	Connections			1							
Towns Served: I	EAST LYME					·						
Monitoring Requirements												

121 UPPER PATTAGANSETT		Connections	1	1			
Towns Served: EAST LYME			·	·	·		
	Monit	oring Requireme	nts				
Water System Facility: DISTRIBUT	ION SYSTEM (WSF	ID: 00600)					
Total Coliform (3100)					1 rou	tine (RT) pe	er quarter
Sampling Point (Sampling Point I	D)	Monitor	ing Period	Collect	ion Period	Complia	nce Status
Select from Inventory of Active Sa	mpling Points	10/1/18	- 12/31/18			Com	plete
		1/1/19	- 3/31/19			Com	plete
		4/1/19	- 6/30/19				
		7/1/19	- 9/30/19				
Physical Parameters (PPS)					1 rou	tine (RT) pe	er quarter
Sampling Point (Sampling Point I	D)	Monitor	ing Period	Collect	ion Period	Complia	nce Status
Select from Inventory of Active Sa	mpling Points	10/1/18	- 12/31/18			Com	plete
		1/1/19	- 3/31/19			Com	plete
		4/1/19	- 6/30/19				
		7/1/19	- 9/30/19				
Water System Facility: ENTRY POI	NT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (RT) per year
Sampling Point (Sampling Point I	D)	Monitor	ing Period	Collect	ion Period	Complia	nce Status
ENTRY POINT (3)		1/1/18 -	12/31/18			Com	plete
		1/1/19 -	12/31/19				
		1/1/20 -	12/31/20				
Wat	ter System Facil	ity and Sampling	Point Ir	nvento	ry		
Water				Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos V	VQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	1 A	Υ			

	'	Nater System Facili	ity and Sampling Po	oint Ir	nventoi	ry			
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		BH66087	REAR KITCHEN SINK	Α	Υ				
		BH99565	METCALF LODGE SINK	Α	Υ				
		BJ48869	METAL F LODGE	Α	Υ				
		BK08995	METCALF LODGE KITCHE	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20840	WELL	2	WELL	Α					

			С	ontact Inf	ormation				
Name		Organization	า			Job Title			
Ms. Michele Velez		Girl Scouts o	of Connecticut		Dir. Property Svcs.				
Mailing Address Lin	e One	ress Line Two			City	State	Zip Code		
20 Washington Ave	nue					North H	aven	СТ	06473
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ddress		
203-239-2922 3329 203-239-			7220		800-922-2770	mvelez@	gsofct.org		
Contact Role(s): A	dministrative	Contact							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtment (oi Publi	CH	eaim	ווזע	ıkıng	vvater	26	cuon		
	Wat	ter Qua	lity Mon	itoring	and	d Com	iplia	nce S	Schedul	e			
PWS ID	PWS Name						Classif	cation	Population	Owr	ner Type	Prima	ry Source
CT0450044	GIRL SCOUTS OF	CT - CAMP I	PATTAGANSE	TT 2			N	С	25		Р		GW
ocal Address (w	here applicable)			Service		Residen	tial Co	mmerci	al Industri	al	Combine	d Ag	gricultural
L21 UPPER PATT	AGANSETT			Connect	ions			1					
Towns Served: E	AST LYME				·		,					,	
Name				Organizatio	n						Job Title		
Girl Scouts of An	nerica, Inc.												
Mailing Address	Line One		Mailing Addr	ess Line Two)				City		State	Zip	Code
340 Washington	Street							Hartfor	^r d		СТ	0	6106
Business Phone	e Extension	Fax	Mo	bile Phone	En	nergency	Phone	Email A	Address				
860-522-0163													
Contact Pole(s)	Legal Contact C	lwnor											

CD Lite Health Detail to Manage

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0450174	GIRL SCOUTS OF CT - CAMP PATTAGANSETT	3			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
121 UPPER PAT	ragansett road	Connections			1			

Towns Served: EAST LYME

Towns Served. EAST LTIME			
Monitorir	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Com	pliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate

Compliance Schedule Activity	Due Date	Achieved Date

SEASONAL START UP COMPLETION 4/1/2019

Public Notification Requirements											
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/17 - 4/28/18	2	7/22/2017		8/1/2017						
Physical Parameters M&R Violation	4/1/16 - 6/30/16	3	10/6/2017		10/16/2017						

	Water System Facility and Sampling Point Inventory								
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		BJ12675	UPPER WINDY	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule								
	Water Quality Monite	oring and	d Con	npi	iance S	schedul	e		
PWS ID PWS Name				Classification		Population	Owner Type	Primary Source	
CT0450174 GIRL SCOUTS OF CT - CAMP PATTAGANSETT 3					NC	25	Р	GW	
Local Address	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural		
121 UPPER PA	Connections			1					

Connecticut Department of Public Health Drinking Water Section

Towns Served:	EAST LYME
---------------	-----------

	Wa	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP .	Stage 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22846	WELL 3	2	WELL 3	Α					
		Con	tact Information						

			_							
Name				Organization		Job Title				
Ms. Michele Velez				Girl Scouts of Connecticut			Dir. Property Svcs.			
Mailing Address Line One Mailing Addr				ress Line Two			City		Zip Code	
20 Washington Avenue				North F			orth Haven		06473	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
203-239-2922 3329 203-239-7220				800-922-2770	mvelez@gsofct.org					
Contact Role(s): Ac	dministrative	Contact								
Name				Organization			Job Title			
Girl Scouts of Amer	ica, Inc.									
Mailing Address Line One Mailing Address				ress Line Two		City		State	Zip Code	
340 Washington Street						Hartford		СТ	06106	
Business Phone Extension Fax M			obile Phone Emergency Phone		Email Address					

Contact Role(s): Legal Contact, Owner

Please note the following:

860-522-0163

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule